



# The Corporation of the Village of Salmo

P.O. Box 1000  
Salmo, British Columbia V0G 1Z0  
www.salmo.ca

Phone: (250) 357-9433  
Fax: (250) 357-9633  
Email: [info@salmo.ca](mailto:info@salmo.ca)

## Parade Permit Application Form

### Authorization Required as per Traffic Bylaw 660

*"Parade" means any procession of more than thirty pedestrians or more than ten vehicles or more than ten cycles standing or traveling as a group on any street and shall include a special community event which obstructs movement of traffic on a street but shall not include a funeral procession.*

### APPLICANT INFORMATION

|                 |  |           |  |
|-----------------|--|-----------|--|
| NAME:           |  | DOB:      |  |
| STREET ADDRESS: |  |           |  |
| CITY:           |  | PROVINCE: |  |
| POSTAL CODE:    |  | EMAIL:    |  |
| PHONE #:        |  | CELL #:   |  |

### SECONDARY CONTACT INFORMATION

|                 |  |           |  |
|-----------------|--|-----------|--|
| NAME:           |  | DOB:      |  |
| STREET ADDRESS: |  |           |  |
| CITY:           |  | PROVINCE: |  |
| POSTAL CODE:    |  | EMAIL:    |  |
| PHONE #:        |  | CELL #:   |  |

### ORGANIZATION INFORMATION

|                    |        |           |  |
|--------------------|--------|-----------|--|
| ORGANIZATION NAME: |        |           |  |
| STREET ADDRESS:    |        |           |  |
| CITY:              |        | PROVINCE: |  |
| POSTAL CODE:       | EMAIL: | PHONE #:  |  |
| WEBSITE URL:       |        |           |  |

### LIABILITY INSURANCE

|                  |                |
|------------------|----------------|
| NAME OF INSURER: | POLICY NUMBER: |
|------------------|----------------|

### EVENT INFORMATION

|                                                |             |           |
|------------------------------------------------|-------------|-----------|
| EVENT NAME:                                    |             |           |
| TYPE OF EVENT:                                 |             |           |
| PARADE DATE:                                   | START TIME: | END TIME: |
| START LOCATION (STREET ADDRESS IF APPLICABLE): |             |           |
| END LOCATION (STREET ADDRESS IF APPLICABLE):   |             |           |
| NUMBER OF PARTICIPANTS EXPECTED:               |             |           |

Completed forms can be faxed to (250)357-9633 or emailed to [info@salmo.ca](mailto:info@salmo.ca)

**Route Description:** The parade route description must include the start location with street address or closest intersection, list each street the parade plans to travel upon and the direction of travel, and the end location with street address or closest intersection.

**Written permission from the Ministry of Transportation & Infrastructure is included with this application (required when the route is utilizing an arterial highway).**

**Terms and Conditions of this permit:**

1. This permit application must be received by the Chief Administrative Officer a minimum of 2 weeks prior to the Parade Date.
2. This permit is not assignable. The Applicant, and/or Secondary Contact must be present for the duration of the parade, must not consume any alcohol or intoxicants immediately prior to or during the parade, and must be available for contact by cell phone during the parade.
3. Parade participants may only occupy the roadway if Police are present to conduct escort and traffic control, or if the permit specifically authorizes this activity without Police presence.
4. Parade participants must not violate any law, regulation, or by-law.
5. No person may participate in, or continue to participate in any parade where the permit has been withdrawn.
6. Only groups authorized by the Applicant shall be allowed to participate in the procession. It is the responsibility of the Applicant to identify any groups or persons not authorized to participate in the procession.
7. The Applicant will monitor the orderliness and behavior of the parade participants.
8. The procession will follow the timing and route as authorized in the Permit. Participants must move continuously along the route..
9. Prior to the start of the parade, the Applicant will address the event participants and will instruct the group as follows;
  - a. Identify the parade route and termination point.
  - b. Identify which lanes of travel the participants will use, and which lane must be left clear for escort group and emergency access.
  - c. Any additional safety or procedural information the Applicant or Chief Administrative Officer may feel is necessary for a successful event.
10. Should either the applicant or event participants not comply with any of the noted conditions, or any other instructions or conditions conveyed by the Chief Administrative Officer, this permit shall be considered null and void. Should this occur, all participants will be required to cease parade activities. Any non-compliance may result in prosecution.

I confirm that the above information is complete and accurate, and acknowledge that I have read, understood and I agree to abide by all terms and conditions of this permit.

I confirm that I, \_\_\_\_\_, am an eligible representative of the organization.

X \_\_\_\_\_  
Signature of Applicant

X \_\_\_\_\_  
Signature of Organization Representative

X \_\_\_\_\_  
Chief Administrative Officer

*"No person: shall organize or sponsor a parade or special event on any street, unless he first obtains a written permit for such a parade or special event from the CAO/CO and in the event of an arterial highway, written permission from the Ministry." (Traffic bylaw 660 Section 18(1))*

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**TO BE COMPLETED BY THE RCMP AND SALMO FIRE DEPARTMENT**

THE APPLICANT AND/OR ORGANIZATION ARE HEREBY GRANTED PERMISSION TO HOLD A PROCESSION ON THE DESIGNATED STREETS AT THE TIME AND DATE AS OUTLINED ABOVE.

THE APPLICANT, HAVING MADE THE NECESSARY APPLICATION IN WRITING AS PROVIDED BY BYLAW 660 OF THE VILLAGE OF SALMO, AGREES TO ABIDE BY ALL TRAFFIC LAWS, REGULATIONS, AND BYLAWS DURING THE PROGRESS OF THE SAID PARADE.

PERMIT #

INCIDENT #

X \_\_\_\_\_  
CHIEF OF POLICE/DESIGNATE SIGNATURE

X \_\_\_\_\_  
NAME OF CHIEF OF POLICE/DESIGNATE

X \_\_\_\_\_  
FIRE CHIEF/DESIGNATE SIGNATURE

X \_\_\_\_\_  
NAME OF FIRE CHIEF/DESIGNATE